

**Nebraska Crime Commission  
Office of Violence Prevention (OVP)**



**Application Instructions for  
2011 Office of Violence Prevention Grant**

**Applications are due in the  
Nebraska Crime Commission Office:  
Friday, September 30, 2011  
Before 5:00 p.m. CDT**

**FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED  
No Exceptions**

**Contact: L. James Wright, Director of the Office of Violence Prevention  
Nebraska Crime Commission  
402.471.3813  
[James.Wright@nebraska.gov](mailto:James.Wright@nebraska.gov)**

*In accordance with the Americans with Disabilities Act, the State would like to provide reasonable accommodation with respect to a grant application to persons with disabilities. If you need a reasonable accommodation, please contact the Nebraska Crime Commission, (402) 471-2194 or TDD at (800) 833-7352.*

Release Date: August 26, 2011

# **2011 Office of Violence Prevention (OVP)**

## **Grant Application Instructions**

### **INTRODUCTION AND PURPOSE OF FUNDS**

The purpose of these funds is to address street and gang violence, homicides and injuries caused by firearms as outlined in LB63 in 2009 (Neb. Rev. Statutes, sec. 81-1447 thru 1451). The application should clearly address the steps taken by all funded programs.

### **LIMITATIONS ON USE OF FUNDING**

Crime Commission/OVP funding cannot be used for the following purposes:

- Construction or renovation, land acquisition or purchase/lease of vehicles
- Indirect costs and luxury items
- Lobbying, fundraising, or research projects

### **MATCH REQUIREMENTS**

- Match is not required by the grant guidelines, however, some cash or in-kind match is strongly encouraged to document support and long term sustainability for the project. The match for the project will need to be detailed and explained in the detailed budget narrative.
- Expenditures of matching funds do not need to occur on a quarterly basis. However, by the end of the project period the total cash match must be met.

### **REPORTING REQUIREMENTS**

- Applicants will be required to develop goals, objectives and performance indicators as instructed on the appropriate forms in the application kit.
- Upon awarding of funds, applicants will be required to submit quarterly activity and cash reports to the Office of Violence Prevention, Nebraska Crime Commission.
- An annual evaluation report will be required. A portion of the grant funds must be used for a professional evaluator. This report will need to provide a comprehensive review of the program's efforts and results during the grant cycle. A copy of the report must be provided to the Office of Violence Prevention. \*

### **ACCOUNTING REQUIREMENTS AND TIMING OF CONTRIBUTIONS**

Awarded applicants shall implement and maintain an accounting system, which accurately documents income received and expenditures. Funding sources must be tracked separately from other programs. Personnel whose time/activities will be directly charged to the grant or match funds will be required to maintain timesheets that clearly document hours worked for activities related to the project. Records are to be available for monitors and audits.

## **COMMINGLING OF FUNDS**

A clear audit trail must be maintained for each source of funding. OVP funds cannot be commingled with any other sources of funding. Receipts, expenditures, and disbursements must be separately accounted for from each funding source.

## **NON-SUPPLANTING OF FUNDS**

OVP funds may not be used to supplant (replace) other existing funds. In other words, funds presently appropriated for the project may not be deliberately decreased due to additional grant funds made available through the OVP and the Crime Commission. The budget narratives provided in the application should clearly explain requests to ensure supplanting will not be taking place within the agency. Previous OVP grant awardees can receive funds for new projects or to expand services to new constituencies. Applicant must clearly articulate in the Budget narrative, Problem Identification and Goals how the funds will be utilized to expand services and to whom. However, funds cannot be awarded to continue previously awarded projects unless all previously awarded OVP funds have been expended prior to June 30, 2012.

## **GRANT COMMENCEMENT AND DURATION**

Crime Commission Operating Instruction #4 requires funded projects to be implemented and any required grant award revisions to be submitted to the Crime Commission within **30 days** from the start date listed on the Grant Award or other date specified by the Grant Administrator. **If these requirements are not met, it shall constitute a failure to accept the grant award and the awarded funds shall be considered turnback funds.**

## **OTHER REQUIREMENTS**

1. Recipients of funds are subject to the Civil Rights Act of 1964, 42 U.S.C. 200d (prohibition discrimination in federally funded programs on the basis of race, sex, color, or national origin) and Section 504 of Rehabilitation Act of 1973, 2 U.S.C. 794 (prohibiting discrimination in such programs on the basis of handicap), the Age Discrimination Act of 1975, 42 U.S.C. 6101, et. Seq., and the Department of Justice Nondiscrimination Regulations, 28 CFR, Part 42, Subparts C, D, and G.
2. A Debarment form, which certifies the agency or individuals in the agency are not barred from doing business with the federal government, must be signed and returned with the application. A Supplemental Funding form is required to show total program income from all sources as well as other funds available to this project. Additionally, the Drug Free Workplace, Lobbying, and EEOP forms must be signed and returned with the application.
3. Project Directors and Fiscal Officers of awarded applicants will be required to attend grant management training. Further information will be included in the award letter.

4. Please be advised that pursuant to Neb. Rev. Stat. 29-2262.07, OVP will distribute funds to applicants from counties that have submitted Comprehensive Community Juvenile Services Plan addressing violence prevention and that best meet the intent of reducing street and gang violence and reducing homicides and injuries caused by firearms. Successful applicants will be those that best show how the implementation of their project fits into their community youth violence prevention plan. Communities may include violence prevention planning within their approved Comprehensive Community Juvenile Services Plan. For assistance with comprehensive community planning, please contact the Juvenile Justice Institute at 402-472-6756 or [jjassist@unomaha.edu](mailto:jjassist@unomaha.edu).
5. Additionally, applications submitted as part of a community collaborative and that geographically provide service to a county wide or greater area will be given preference. Collaboration should be documented through letters of support, memorandums of understanding and included in the Project Operation narrative.

### **APPLICATION FORMAT**

- Applications are to be typewritten. **The original copy should be stapled and 2 hole punched at the top.** The remaining 10 copies should be stapled in the upper left hand corner (no 2 hole punched required for copies).
- If the applicant re-creates the application on their computer, the application format, layout and order is to be exactly (word for word and design) as the Nebraska Crime Commission's official application. Please note the Nebraska Crime Commission application may change from year to year.
- Applications should be single spaced. Font size must be comparable in size to 12 point Times New Roman or Courier.
- Include Federal ID number on application. The applicant must be the agency that will receive and disburse the grant funds. The Federal Identification Number must be that of the applicant.
- Do not include cover letters and do not put applications in folders.
- Adhere to page limits listed for each section of the grant application.
- Sources of data or statistics must be cited immediately following the information or under the graph/chart.
- Do not copy and submit the budget pages which do not apply to the project.
- Budget figures are to be provided in round numbers, no cents. Please check to be sure all budget pages are calculated carefully.
- Additional information in the form of Appendices will not be accepted.
- Include ALL required forms with appropriate signatures. Signatures of the authorized individual are required on the: Budget Summary page, Drug Free Workplace form, Debarment form, Lobbying form, and EEOP form. **NOTE:** The authorized official would include: county board chair, mayor, city administrator, chair or vice-chair of non-profit agency.
- The grant may be copied double sided.
- Number pages in the lower right hand corner.

Adhere to page limits listed for each section as follows:

SECTION NAME	PAGE LIMITS
Grant Applicant Information	- Pages as provided
Budget Summary	- 1 page as provided
Detailed Budget Information	- Pages as provided. Budget narratives should follow the corresponding Detailed Budget Page.
Problem Identification	- 2 minimum and 4 pages maximum
Project Operation	- 2 pages minimum and 4 pages maximum
Activity/Timeline	- 2 pages maximum (form provided)
Goals, Objectives, Performance Indicators	- Pages as needed (form provided)
Required Forms (EEOP, Lobbying, Debarment, Drug-Free Workplace)	- Pages as provided

### **SUBMISSION OF APPLICATION**

**Materials Required:** One original and 10 copies of the complete grant application.

Applications received by facsimile or email will not be accepted.

**Due:** 5:00 p.m. CDT on September 30, 2011.

**Submit to:** Nebraska Commission on Law Enforcement and Criminal Justice  
301 Centennial Mall South  
P. O. Box 94946  
Lincoln, Nebraska 68509-4946

The Nebraska Crime Commission is located on the 5<sup>th</sup> floor of the Nebraska State Office Building at 14<sup>th</sup> and M Streets (301 Centennial Mall South).

**Contact Person:** L. James Wright, Director of the Office of Violence Prevention  
Phone 402.471.3813  
James.Wright@nebraska.gov

### **DETAILED INSTRUCTIONS FOR APPLICATION AND ATTACHMENTS**

The following provides detailed guidance on filling out each section of the Budget, Goals and Objectives. Refer to the application for specific directions on completing all other sections of the application.

### **APPLICANT INFORMATION**

The applicant must be the agency that will receive and disburse the grant funds. The Federal Identification Number must be that of the applicant.

Question 11 should list all agencies that are significant partners to this project. This question is not limited to just those that received funding.

### **BUDGET SUMMARY, DETAILED BUDGET PAGES AND BUDGET NARRATIVES**

- Budget Summary- This page reflects the total overall budget by category and match. This page must be signed by the authorized official.
- Detailed Budget Pages- See instructions below
- Budget Narratives- Budget Narratives are required for each requested category and must follow the detailed budget page. The applicant must clearly explain what costs will be in Year 1 and Year 2. See instructions for each category below.

### **CATEGORY A - PERSONNEL**

Personnel refers to wages and fringe benefits for regular full-time or part-time salaried employees as well as in-kind contributions of volunteers. Other persons working on the project who are not on the regular payroll or not volunteers must be classified either as contractual or consultant. In-kind contributions, if allowable, must be listed as matching funds.

**1. Direct Salaries.** Salaries may not exceed those normally paid for comparable positions in the community and/or the unit of government.

- Provide the title or position of each employee who will be involved in the project, including new positions to be filled and the number of volunteers, if applicable.
- If existing personnel will be involved in the project but no funds will be requested for their position and their salaries will not be used as match, do not list them on the budget page, but **do** include such information in the Budget and Project Narrative.
- Include in the budget narrative if the position is new or existing. If the position is existing, but is a new request it will need to be indicated how this position was being funded prior to the request.
- Across from each position listed, enter the annual salary of the position; percent of the time **to be devoted to the project** (2080 hrs. annually = 100% or full-time); amount of funds being requested for the position; the amount of matching funds; the source of matching funds, fringe benefits and, the total cost for the position.
- For each line enter the subtotal of the amount of funds being requested, matching funds and the total of all direct salaries.
- To establish the value of services provided by volunteers, if applicable, use the current minimum hourly wage (cannot exceed \$9.00) times the number of hours of service to be contributed.

2. **Fringe Benefits.** All fringe benefits are to be based on the **employer's share only**. The employee's share is to be withheld from his or her wages. Vacation and leave time would be included in normal working hours (FTE 2,080hours/year) and are not added benefits. Enter the total cost of benefits being requested and being provided as matching funds in the appropriate columns for each position. For each line enter the amount of fringe requested and match fringe for each position. A lump sum of fringe benefits requested and provided as match funds will not be accepted.
3. **Total Personnel Budget.** Enter the total amount of funds being requested, matching funds and total of all salaries and fringe benefits for the each position in the Total Cost section. You will need to enter the total cost for each column and line in the Total Personnel Budget. Also enter these totals on the "Budget Summary" pages.
4. **Personnel Budget Narrative.** A budget narrative **MUST** be attached if funds are requested and/or match is provided. The narrative **MUST** include the following for **each** position:
- a) Breakdown of how the cost for **each** position was determined (i.e. 500 hours x \$5 an hour = \$2,500) for **both the requested funds and matching funds**; (including funding source for matching funds)
  - b) Fringe benefits requested for each position;
  - c) Explanation if each position is existing; new request for a position to fund existing position or new position for the program;
  - d) Explanation if each position is full or part-time;
  - e) Explanation of **how** each position is relevant to the project
  - f) Description of the duties of **each** position. Include primary responsibilities and specific duties. Identify any **new** duties if this position was previously funded.
  - g) Also include positions for which funds are not being requested or are not used as matching funds but will be involved in the project.
  - h) Requests for positions that are new and/or existing, but funding is being terminated, should clearly explain the loss of funding and necessity of the position to the project.

## **CATEGORY B - CONSULTANTS AND CONTRACTS**

**NOTE:** If more than one consultant will be used for the project, please make copies of the budget sheet and complete one for each consultant.

1. **Purpose:** List the purpose for using a consultant or contractor, i.e. conduct study, facilitate support group, develop and/or present training, etc.
2. **Type of Consultant:** Check the box for the type of consultant to be used for the stated purpose.



3. **Consultant Fees:** Consultants employed by commercial and not-for-profit organizations are subject to competitive bidding procedures and are subject to \$450 per day or \$56.25 per hour maximum compensation. In cases where an individual has authority to consult without employer involvement, the rate of compensation should not exceed \$450 per day or \$56.25 per hour. The rate for independent consultants must be reasonable and consistent with that paid for similar services in the market place. There must be a contract with each agency or person this subgrantee contracts with.
4. **Travel Expenses For The Consultant:**
- a) **Mileage:** List the cost for mileage. Enter the total cost in the "total" column. Enter the amount requested and the amount, which will be provided as match. **Mileage rate is 55.5 cents/mile.**
  - b) **Air Fare:** List the cost for air fare (coach or least expensive class). Enter the total cost in the "total" column. Enter the amount requested and the amount provided as match.
  - c) **Meals:** List the cost for meals. Enter the total cost in the "total" column. Enter the amount requested and the amount provided as match. In-state meal allowance is \$41 (\$7.00/breakfast; \$11.00/lunch; \$23.00/dinner;). **Please note you can no longer submit for incidentals.**
  - d) **Lodging:** List the cost for lodging. Enter the total cost in the "total" column. Enter the amount requested and enter the amount provided as match. In-state lodging allowance is \$77.00 per night (\$93.00 per night for Lincoln and Omaha).
  - e) **Other Costs:** List other anticipated costs associated with the consultant. Enter the total cost in the "total" column. Enter the amount requested and the amount provided as match.
  - f) For out of state meal and lodging rates go to [www.gsa.gov](http://www.gsa.gov) and click on per diem rates.
5. **Total Cost:** Calculate the total cost for funds requested, match provided and total cost. Enter totals on the "Budget Summary" page.
6. **Budget Narrative:** A budget narrative is required if funds are being requested and/or if match funds are being provided. The narrative **MUST** include a breakdown of how the cost for each consultant was determined for both the funds being requested and the matching funds. The narrative **MUST** include the following for **each** position:
- a) What services or what product the consultant will provide
  - b) How the services, product or position relate to the project and the impact on the project
  - c) Breakdown of how the cost for each position was determined (i.e. 500 hours x \$5 an hour=\$2,500) for OVP and matching funds;
  - d) Explanation if each position is existing or new;
  - e) Explanation if each position is full or part-time;
  - f) Description of the duties of **each** position funded by OVP or match dollars. Include primary responsibilities and specific duties. Identify any **new** duties if this position was previously funded.
  - g) Applicants must document that consultants will adhere to all grant requirements.



## **CATEGORY C - TRAVEL EXPENSES**

**NOTE:** If travel expenses are needed for more than one purpose or type of travel, please make a copy of the budget sheet and complete one for each purpose and/or type of travel.

1. List travel expenses by purpose, i.e., training, conference, daily travel for job, etc. For example, a project coordinator will attend training. Enter "training" on the line marked "Purpose". Complete all the applicable expenses associated with this purpose (any mileage that will be paid, air fare, meals, lodging, other.)
2. Mark the travel as local, in-state, or out-of-state.
3. List the title of the person who will travel.
4. Calculate the cost of the travel, completing the areas relevant to the travel for each purpose.
  - a) **Mileage:** Calculate the number of miles of annual travel and multiply by 55.5 cents to determine the total mileage cost. Enter the total cost in the "total" column, the amount requested and the amount of the total cost provided as match.
  - b) **Air Fare:** List the destination and enter the anticipated total cost of the airfare in the "total" column. Enter the amount requested and the amount provided as match. Airfare must be "coach" or least expensive class.
  - c) **Meals:** List the number of days meals will be paid and multiply by the allowable per diem rate. In-state meal allowance is \$41 (\$7.00/ breakfast; \$11.00/lunch; \$23.00/dinner. Enter the total cost in the "total" column. Enter the amount requested and the amount provided as match.
  - d) **Lodging:** List the number of nights lodging is needed and multiply by the allowable per diem rate. In-state lodging allowance is \$70.00 per night (\$99.00 plus tax per night for Lincoln and Omaha). Enter the total cost in the "total" column. Enter the amount requested and the amount provided as match.
  - e) **Other:** List other expenses, such as taxi, parking, registration, etc. Enter the total cost in the "total" column. Enter the amount requested and the amount provided as match.
  - f) For out of state meal and lodging per diem go to [www.gsa.gov](http://www.gsa.gov) and click on per diem rates.
1. Calculate the total cost of the travel for each purpose. Calculate the total for all travel expenses for the funds requested, match and total and enter these amounts on the "Budget Summary" page.
2. **Budget Narrative:** For each travel purpose complete a budget narrative to explain:
  - a) Position which will travel;
  - b) Purpose of the travel;
  - c) How this travel relates and is necessary to the project.

## **CATEGORY D - SUPPLIES AND OPERATING EXPENSES**

1. **Supplies.** This section includes office supplies, forms, operating supplies, books, subscriptions, repair or maintenance supplies, equipment items costing under \$300 - material which is expendable or consumed during the course of the project.

- a) List items by major type (i.e. postage, forms, office supplies, training materials, etc.) along with the quantity, unit cost, and total cost. Higher cost items should be listed separately and identified (e.g. special mailings, equipment items, etc.). Enter the total cost in the "total" column.
- b) Enter the amount, if any, of the cost being requested and enter the amount of the cost, which will be provided as match. At the bottom of section 1, enter the cost for project supplies with a breakdown by the amount requested, match and total cost in the appropriate columns.

**2. Operating Expenses.** This section includes all operating expenses involving rental arrangements and purchase of non-consultant type services. For each item listed enter the rate or unit cost. Enter the total cost in the "total" column. Enter the amount of the cost requested and enter the amount provided as match. Identify other items for which funds are requested in the "other" category.

At the bottom of section 2, enter the cost of project operating expenses. Provide a breakdown of the total cost by the amount requested, match and total costs in the appropriate columns.

**3. Total Supplies and Operating Expense Budget.** Enter the total costs for all supplies and operating expenses. Provide the breakdown of the costs by the amount requested, match and total costs in the appropriate columns. Also enter those totals on the "Budget Summary" page.

**4. Budget Narrative.** For all supplies and operating expenses requested, attach a budget narrative to:

- Explain the cost breakdown of how requested and match funds were determined for supplies (i.e., envelopes, paper and other office supplies);
- Describe **all** current operating expenses and explain why the requested expenses are needed;
- Explain how the supplies and operating expenses relate to the project.

## **CATEGORY E - EQUIPMENT**

- Check grant requirements for allowable costs and bidding requirements. Items requiring bids will not be funded absent a showing that bids were taken as required by law, rule or regulation. Call the grant administrator if you have any questions.
- Enter total costs for the appropriate items. Provide the breakdown of the costs by the amount requested, match and total costs in the appropriate columns. (Equipment items costing under \$300.00 should be included in Supplies.)
- Enter the total costs for Equipment. Enter these totals on the "Budget Summary" page.

### **Budget Narrative**

- Provide a breakdown of the cost basis for each piece of equipment.
- Explain how each piece of equipment is relevant to the project.

**CATEGORY F - OTHER COSTS:** Prior to utilizing this category, contact program administrator to ensure requested expenses are allowable per program guidelines and are appropriate for this category.

- List each item and the total estimated cost with the breakdown by the amount requested, match and total costs in the appropriate columns.
- Enter the total cost for "Other". Enter these totals on the "Budget Summary" page.

**Budget Narrative:** A budget narrative is required if funds are requested or if match is provided.

- Explain each item requested;
- Provide a breakdown of how the cost for each item was determined;
- Provide an explanation of how each item is relevant to the project.

## **GOAL, OBJECTIVES, PERFORMANCE INDICATORS**

*\* An annual evaluation report will be required. A portion of the grant funds must be used for a professional evaluator. This report will need to provide a comprehensive review of the program's efforts and results during the grant cycle. A copy of the report must be provided to the OVP.*

### **Goals**

The goal for the project is the ultimate outcome desired. These are broad based, but realistic and achievable. There is generally one goal for a specific grant project.

### **Measurable Objectives**

Measurable objectives reflect how your project will assist in reaching the stated goal(s). They also address the problem(s) identified and documented in the Problem Statement as well as the identified needs.

**A measurable objective is** something you are going **to do**, utilizing the grant funds, **by a certain amount** (measurable) within a certain time period. Objectives **must** be measurable.

Measurable objectives always use the words to increase, to decrease, or to maintain. Do not use words such as to provide, to train, to establish in measurable objectives. These are activity statements. Once you have written an objective, ask yourself if it allows you to measure something.

A project will normally have **one to three** objectives for each goal. Remember, most projects have one broad based overall goal.

To help you in developing measurable objectives, review your project's activities and ask yourself what statistical data will you gather to prove your project is working? You don't need to be overly detailed in

statistical data, but focus on three to five things to measure which will prove your project is making a difference and works. These will be your Performance Measures or Indicators for your project and will be used as part of your project's report to the Crime Commission. Also, check your objectives to make sure you have objectives specific to the funds requested.

**EXAMPLE:** To increase the number of victims receiving enhanced victim advocacy (to do something) from 0 to 100 (by a certain amount) within a 12-month period (within a certain time frame).

The measurable objective above relates to a **new** program. The baseline number is zero because the program did not exist in the previous year.

If you were applying for funds to expand or enhance an **existing** program, the objective may read as follows.

**EXAMPLE:** To increase the number of victims receiving enhanced victim advocacy (to do something) from 100 to 120 or 20% (by a certain amount) within a 12-month period (within a certain time frame).

### **Baseline Statistics**

How do you know what you're starting number or measure will be for your measurable objectives? Baseline Statistics are the statistics for the most current year stated in the Problem Statement which documents the problem(s). This is a good test to see if the statistics in the Problem Statement are relevant in documenting the stated problem or problems. If you identify something, which needs to be measured in the Performance Indicators, check your statistics in the Problem Statement to determine if you need to add statistical data. Also ask yourself if these statistics are key in documenting the problem and will they help in showing the success of your program. There may be numerous statistics you can gather, but you need to determine which ones are the **most** important.

### **Performance Indicators**

Performance Indicators are the data, which will be collected during your project to measure each objective and will show if the program is successful. Performance Indicators are in direct relationship to the baseline data stated in the Problem Statement. Ask yourself what statistical data will show if your program is successful.

### **SAMPLE PROPOSED PROJECT**

Goal:	The criminal justice system and victim services agencies in Michigan County will work together to ensure perpetrators of domestic violence are consistently held accountable for their actions and that all victims are provided the help and resources needed to be safe.
-------	--

Measurable Objective:	Increase number of victims receiving enhanced victim advocacy (to do something) from 100 to 120 or 20% (by a certain amount) within a 12-month period (within a certain time frame).
Our baseline is:	100 victims provided enhanced victim advocacy as shown in the statistical documentation of the problem.
Performance Indicators:	# of victims served # of victims not served Response time to victims served